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**** CONTINUING DATA *******
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**** FOREIGN APPLICATIONS *******
 FRANCE 0308626 07/15/2003

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
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Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		FRANCE	5	10	1
Verified and /ROBERT K NICHOLS					
Acknowledged II/	Examiner's Signature	Initials			

ADDRESS
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TITLE
 Fluid product dispensing head

FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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